FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

SANS SOLICI PARTNERSHIP LIMITED



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

. DOCUMENT # **A9500000249**

FILED SECRETARY OF STATE DIVISION OF CONTINUES

90 COT 00 PO 12: 03



4.11	Draw and Office Address		3. Date Formed or Flegistered	5a. Capital Contributions as	
failing Address 820 BARNES BLVD	Principal Office Address 820 BARNES BLVD ROCKLEDGE FL 32955 28. Principal Office Address		02/15/1995 3a. Date of Last Report 11/20/1995 4. State or Country of Formation FL	Shown on record	
ROCKLEDGE FL 32955				\$250,000.00	
				5b. Aniount of Capital Contributions in FLORIDA	
2. Mailing Address				to dare	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3298294	Applied For	
City & State	City & State		7. Certificate of Status Desired	☐ Not Applicable	
Zip Country	Zıp	Country		\$8.75 Add:tional Fee Required	
<u> </u>	·		8. Make check payable to Dept (of State (See reverse side for fee informatio	
9. Name and Address of Current Registered Agent		10. If changed, new Reg stered Agent/Office			
AMOS, MARK		Nanie			
820 BARNES BLVD		Street Address (P.O. Box Number Is Not Acceptable)			
ROCKLEDGE FL 32955		Suite, Apt. #, etc.			
		City	City Zip Code		
Duranes to the provisions of coolings 520.1	1051 and 620 192 Florida Statutes: the above	ve.named limited narroershir	n organized or registered under the laws of	the State of Etorida, submits this statemen	
for the purpose of changing its registered of agent. I am familiar with, and accept the ob-	office or registered agent, or both, in the Stat nligations of section 620 192, Florida Statute	te of Florida. Such change w	vas authorized by its general partner(s). The	the State of Florida, submits this statemer reby accept the appointment of rog stere	
agent I am fan har with, and accept the ob- SIGNATUFIE (Registered Agent Accepting Appointm A GENERAL PARTNER T	office or registered agent, or both, in the State oligations of section 620 192. Florida Statute ment). HAT IS A CORPORATIO	te of Fiorida Such change w	as authorized by its general partner(s) The DATE ARTNERSHIP OR OTH	the State of Florida, submits this statement reby accept the appointment of registered	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12 I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. Trelease the Division of Corporations from any liability of non-compliance will Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Mark amos Typed or Printed Name of General Partner Signing Form . MARK AMOS

DATE: 10-4-96

Daytime Telephone Number 407-636-2873